



Boston Home Center Program Application And Disclosure

Department of Neighborhood Development - The Boston Home Center



Please fill out, sign, and print this application and mail to:
The Boston Home Center, 26 Court Street - 9th Floor, Boston, MA 02108

You may apply for only one program

- ☐ I am a **Homebuyer**, applying for:
- ☐ 1st Home
 - ☐ Financial Assistance - Downpayment and Closing Costs
 - ☐ Financial Assistance - Downpayment and/or Rehab
 - ☐ Lead Safe Boston

- ☐ I am a **Homeowner**, applying for:
- ☐ HomeWorks HELP
 - ☐ Lead Safe Boston
 - ☐ Senior Home Repair

I. Applicant Information

Applicant:

First

MI

Last

SS#

Address:

Street

City

State

Zip

Date of Birth:

Phone: ()

Home

Work

Cell

Co-Applicant:

First

MI

Last

SS#

Address:

Street

City

State

Zip

Date of Birth:

Phone: ()

Home

Work

Cell

Email:

☐ Applicant

☐ Co-Applicant

II. Household Income Information

List all persons who intend to reside in the property. Income must be listed for all household members over the age of 18.

Name	Age	Relationship to Applicant	Name of Employer/s or educational institution/s <small>(list all sources of income separately)</small>	Gross Annual Income**
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
Total # of people in household			Total of Annual Income of Household: \$	

** Sources of income include salary, overtime, bonus, commission, social security/retirement benefits, unemployment benefits, interest/divided income, welfare, alimony/child support and all other income.

III. Household Asset Information

Fill in all below, even if the answer is \$0

Savings or Asset Type	Current Value
1. Total funds in checking and savings accounts	\$ _____
2. Expected annual dividend and interest income from all assets	\$ _____
3. Certificates of deposit	\$ _____
4. Deposits made on property (if buying a home)	\$ _____
5. Expected monetary gifts to assist with purchase (if buying a home)	\$ _____
6. Stocks / bonds / mutual funds	\$ _____
7. Expected Seller or Broker contributions (if buying a home)	\$ _____
SUBTOTAL OF LIQUID ASSETS	\$ _____
8. Value of retirement or 401k	\$ _____
9. Value of all other real estate owned (non-primary residence)	\$ _____
TOTAL OF ALL ASSETS	\$ _____

Have you sold any assets in the last two years below fair market value? ☐ Yes ☐ No

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IV. Subject Property

Please respond below to the questions about the property being purchased, if applicable, or the one you currently own and occupy.

Subject property address: _____

Type of Property (Please check only one):

- ☐ Single Family ☐ Two Family ☐ Three Family ☐ Four Family ☐ Condo

Does the subject property require home repairs? ☐ Yes ☐ No

If 'Yes', please describe below interior and exterior work needed.

V. Rental Unit Information

Complete ONLY if applicable

Address of property _____

Unit #	Vacant Y/N	#Bedrooms	Tenant Name	Monthly Rent
				\$
				\$
				\$
				\$
				\$

VI. Affirmative Marketing Information

Please complete the following section to assist us in fulfilling our affirmative marketing requirements. Your response is voluntary and will not affect your application.

Race / Ethnicity of persons in your household *(check all that apply):*

- ☐ White
 ☐ Asian
 ☐ Asian & White
☐ Native Hawaiian or Other Pacific Islander
 ☐ American Indian/Alaskan Native
☐ Black or African American
 ☐ Black or African American & White
☐ American Indian/Alaska Native & Black or African American
 ☐ Hispanic
 ☐ Other Multi-Racial
☐ Female Head of Household
 ☐ Elderly (Applicant over 62)

Is the applicant disabled? ☐ Yes ☐ No

How did you hear about this program *(check all that apply)*?

- ☐ Newspaper Ad ☐ Boston Home Center website ☐ Ad mailed to your home
☐ MBTA Ad ☐ Homebuyer 101 class
☐ Friend ☐ Financial Assistance class ☐ Other

VII. Sign and Date

I/we declare under penalty of perjury that the foregoing information is true, accurate, complete and correct in all respects. I hereby authorize the City of Boston to independently verify the information provided here and also to investigate my records of credit. I certify that I have read the Program Disclosure and I agree to the Terms and Conditions of this program. I understand that there are significant penalties for submitting false information including the possibility of fines and imprisonment for knowing violations.

Applicant (print name)

Applicant Signature

Date

Co-Applicant (print name)

Co-Applicant Signature

Date